

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/02/03.

I. DISPUTE

Whether there should be additional reimbursement for 97799-JA.

II. FINDINGS

The respondent reduced payment based on “F- reduction according to fee guidelines”.

III. RATIONALE

CPT code 97799-JA does not have a maximum allowable reimbursement (MAR) rate, therefore documentation of procedure (DOP) is required for a fair & reasonable reimbursement. The requestor provided the Job Site Assessment Report to support delivery of service. The requestor did not provided redacted EOBs from carriers in the same geographical region to show fair & reasonable reimbursement for the same or similar service. The requestor did not support a need for a change in reimbursement per the 1996 Medical Fee Guideline General Instructions Ground Rule III, and Section 413.011 (b). Additional reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 9th day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc